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Bib Data Sheet

CONFIRMATION NO. 2977

SERIAL NUMBER 10/663,787	FILING DATE 09/17/2003 RULE	CLASS 604	GROUP ART UNIT 3762	ATTORNEY DOCKET NO. 22373.00
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APPLICANTS

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** CONTINUING DATA ***** *none*

** FOREIGN APPLICATIONS ***** *none*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 12/09/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY FL	SHEETS DRAWING 6	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 1
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Verified and Acknowledged
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TITLE
 I.V. solution bag with a needleless port

FILING FEE RECEIVED 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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